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**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

UTAH INSURANCE DEPARTMENT, Complainant, v. HUMANA HEALTH PLAN, INC. P.O. Box 740036 Louisville KY 40201 - 7436 License No. 251601 Respondent.	STIPULATION AND ORDER Docket No. 2015-41 LC Enf. Case No. 3603 Judge Mark E. Kleinfeld Administrative Law Judge
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STIPULATION

The Utah Insurance Department ("Department"), by and through its legal counsel, and Humana Health Plan Inc. ("Respondent"), hereby stipulate and agree as follows:

1. Respondent is an active Non-Resident Third Party Administrator authorized to do business in the State of Utah under License No. 251601. Respondent's business address is P.O. Box 740036, Louisville, KY 40201-7436.
2. The Department has jurisdiction over the parties and subject matter of this administrative action.
3. Respondent acknowledges notice of agency action pursuant to Utah Code § 63G-

4-210; acknowledges that this Stipulation and Order is an informal proceeding pursuant to Utah Code § 63G-4-202; and irrevocably waives the right to any hearing, review or appeal concerning this matter.

4. Respondent has the right to be represented by legal counsel and waives this right by either having sought the advice of legal counsel or by having voluntarily chosen not to do so.

5. This signed Stipulation and the signed and Order by the Commissioner or his representative, along with any Findings of Fact and Conclusions of Law, shall not be subject to any reconsideration, renegotiation, modification, hearing or agency review or appeal.

6. The Findings of Fact and Conclusions of Law presented below are accepted by the parties.

7. The issuance of the signed and adopted Order proposed below is solely for the purpose of disposing of the specific matter entitled herein.

8. The only promises, agreements and understandings that the parties have regarding this matter are contained in this Stipulation.

9. Respondent enters into this Stipulation voluntarily, knowingly, and free from any coercion of any kind.

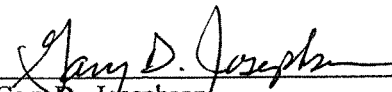
10. The persons signing this Stipulation on behalf of the named parties hereby affirm that they are authorized to sign and bind the parties.

Dated this 7 day of April, 2015.



HUMANA HEALTH PLAN, INC.
Brian Warner, JD
Compliance Advisor

Dated this 8th day of April, 2015



Gary D. Josephson
Assistant Attorney General
UTAH INSURANCE DEPARTMENT

Based upon the foregoing Stipulation and Department file, the Presiding Officer makes the following Findings of Fact:

FINDINGS OF FACT

1. On August 4, 2014, the Department issued Respondent a Private Letter of Admonition concerning Respondent's failure to disclose within 30 days an administrative action taken against it by the State of Kentucky. Respondent explained that the failure to disclose resulted from internal personnel turnover and realignment of departments, which affected responsibilities for state reporting. A forfeiture was not recommended at that time.
2. On December 2, 2014, the Department learned of two administrative actions taken against Respondent by the State of Colorado. These actions were also not reported to the Department within 30 days. This failure to report was a second offense by the Respondent.
3. Respondents agreed to an administrative forfeiture in the amount of \$1,500.00 for the failure to report the Colorado administrative actions within 30 days as required by Utah law.

Based upon the foregoing Stipulation and Findings of Fact, the Presiding Officer enters the following Conclusions of Law:

CONCLUSIONS OF LAW

1. Utah Code Section 31A-25a-203 was violated by Respondent when it failed to report to the Commissioner within 30 days of finality administrative actions taken against it in another jurisdiction.
2. An administrative forfeiture in the amount of \$1,500.00 is appropriate under the circumstances of this matter.

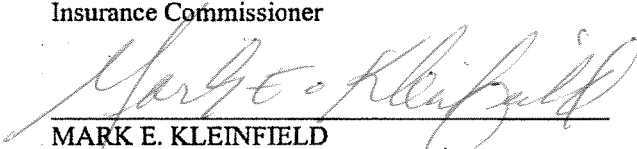
Based upon the Findings and Fact and Conclusions of Law, the Presiding Officer enters the following Order:

ORDER

Respondent is hereby ordered to pay an administrative forfeiture in the amount of \$1,500.00 to the Department within 30 days of the date of this signed Order.

DATED this 8 day of April, 2015.

TODD E. KISER
Insurance Commissioner



MARK E. KLEINFELD
Administrative Law Judge
Utah Insurance Department

NOTIFICATION TO RESPONDENT

You are hereby notified that a failure to obey an Order of the Commissioner may subject you to further penalties, including forfeitures of up to \$5,000 per violation and the suspension or revocation of your license and the filing of an action in district court, which may impose forfeitures of up to \$10,000 per day for continued violation.


You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

CERTIFICATE OF MAILING

The undersigned hereby certifies that on this date, a true and correct copy of the foregoing **STIPULATION AND ORDER** was mailed, postage prepaid, to the following:

DATED this 9th day of April, 2015.

**HUMANA HEALTH PLAN, INC.
P.O. BOX 740036
LOUISVILLE, KY 40201-7436
ATTN: BRIAN WARNER, JD**


LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

UTAH Invoice - Original

HUMANA HEALTH PLAN INC
PO BOX 740036
LOUISVILLE KY 40201-7436

Printed Date: April 9, 2015
Invoice Date: April 9, 2015
Balance Due: \$1,500.00
Due Date: May 14, 2015
Invoice ID: 759716
Payor ID: 16027

Date	Item Description	Amount	
04-09-2015	Monetary Penalty Company	\$1,500.00	E-Case 3603 Docket# 2015-041 LC

No Adjustments

No Payments

Balance Amount Due \$1,500.00

UTAH Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: April 9, 2015
Balance Due: \$1,500.00
Due Date: May 14, 2015
Invoice ID: 759716
Payor ID: 16027

HUMANA HEALTH PLAN INC
E-Case 3603 Docket# 2015-041 LC

Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher